

doctors of their choosing if Congress does not address this issue. According to the AMA, one in three physicians is limiting the number of new Medicare patients they see, and one in eight doctors is no longer taking new Medicare patients. That's today.

What is more disturbing than these immediate cuts is the fast approaching insolvency date. This is a critical problem. Ignoring the insolvency date of 2024 puts our seniors' care at risk, once again, on an even larger scale than what we are facing today.

We cannot continue to bury our heads in the sand. As a physician, on behalf of my patients, let's act now to protect the Medicare program and ensure access to quality care for America's seniors.

HONORING LARIMER COUNTY

(Mr. GARDNER asked and was given permission to address the House for 1 minute.)

Mr. GARDNER. Mr. Speaker, I rise today to honor the 150th anniversary of Larimer County, Colorado.

The first settlers arrived in 1858; and Antoine Janis, who led the party, declared the area of present-day Larimer County to be "the loveliest spot on Earth." Larimer County captures what outsiders envision as Colorado's true beauty. The county is named after General William Larimer, an early Denver settler and founder who was made the county's namesake as a tribute.

From the farmlands, to the majestic mountains, to the robust business sector, to the kind people, Larimer County is Colorado.

It is the sixth most populous county in the State. While other areas of Colorado were settled and founded at the prospect of gold and mining riches, Larimer County was different. It attracted many settlers because of fertile lands and reliable water sources. Larimer County started as an agricultural area and continues to flourish in agriculture production today. Aside from ag, Larimer County has a thriving business and health industry, a strong education system, picture-perfect scenery, wonderful locations for outdoor recreation, and a top-tier research university at Colorado State University.

In my humble opinion, Rocky Mountain National Park in Larimer County is one of the most beautiful places in the entire country and is the crown jewel of our National Park System. It is my honor to recognize Larimer County's 150th anniversary on the House floor and acknowledge all that it has to offer.

A PERMANENT FIX TO STOP MEDICARE PROVIDER CUTS

(Mr. GINGREY of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GINGREY of Georgia. Mr. Speaker, Medicare physicians are facing a 28 percent cut come January 1, 2012, unless this Congress acts to stop it. If left alone, these cuts will force many physicians to stop seeing Medicare beneficiaries, a move that could harm millions of seniors who are in search of care.

It is incomprehensible that congressional Democrats have already cut Medicare provider rates as a way to help pay for ObamaCare and that they again offered to cut provider rates during our debt negotiations this Congress.

Providers in my district and across this country have told me that if Congress continues to cut provider rates they won't be able to see Medicare patients, pure and simple. In fact, CMS actuary Rick Foster has told us that the cuts to hospitals in ObamaCare alone will force 15 percent of these facilities to close. The seniors in my district tell me they can't afford to lose their doctors. Let's get a fix to this problem done, and done permanently.

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THE BENEFITS OF HEALTH SAVINGS ACCOUNTS

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. Mr. Speaker, health savings accounts have been shown to lower health care costs and allow Americans to have more control over their money and their health care decisions.

Recently the Bureau of Labor Statistics reported that 14 percent of all workers in the private sector now have access to a health savings account. The number of people with HSA-type accounts rose to over 11½ million in January, up from 10 million a year before and 8 million the year before that.

But, Mr. Speaker, health savings accounts are at risk. Under the Affordable Care Act passed in this House of March of 2010, by 2014 there will be a phase-in of what's known as the medical loss ratio rules that may eliminate the ability of HSAs to continue to exist. It's all in the hands of the Secretary of Health and Human Services, who, in the past, has not been favorably disposed to HSAs.

Now, Governor Mitch Daniels understands the power of consumer-directed health care. Governor Daniels, when he came and talked to our Health Caucus a little over a year ago, talked about his Healthy Indiana plan, a plan that in his State has allowed him to provide for his State workers health care benefits that receive a positive approval rating by 94 percent of his workers and, at the same time, lowering costs by 11 percent.

This is the type of innovation that the Affordable Care Act should have fostered. Instead, it stands in the way

of this groundbreaking way to deliver health care to our Nation's folks.

MEDICARE BENEFICIARIES AND ACCESS TO CARE

(Mr. DESJARLAIS asked and was given permission to address the House for 1 minute.)

Mr. DESJARLAIS. Mr. Speaker, as both a practicing physician and a Member of Congress, I have had numerous discussions with patients and constituents regarding how difficult it is for Medicare beneficiaries to find access to care.

Unfortunately, this dilemma will only be exacerbated if Congress fails to enact legislation by the year's end for the sustainable growth rate, the formula in which physicians are paid for treating seniors on Medicare. Without congressional action, physician reimbursement will be cut by 28 percent on January 1, 2011, which will drastically hurt seniors' ability to find medical care.

For roughly 8 years, Congress has applied a short-term fix to resolve these cuts. Republican doctors are committed to enacting a permanent solution to the flawed SGR formula. Democrats had a chance to deal with this issue during the passage of ObamaCare but, instead, chose to cut roughly \$525 billion in Medicare.

Congress must have the courage to repeal the flawed SGR formula and create a sustainable and reliable payment schedule.

HEALTH CARE REFORM

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, nearly 3 years ago, the President of the United States stood in this Chamber and said we need health care reform to address "the crushing cost of health care" and to "strengthen Medicare for years to come."

Well, we got the President's type of health care reform. Seniors had to help pay for it, however, by removing \$500 billion—a half trillion dollars—from Medicare in order to subsidize ObamaCare. But guess what. That has made Medicare even weaker.

Today we're trying to find billions of dollars to pay for another temporary fix to Medicare reimbursement rates to ensure access by patients to their physicians. Last year it cost \$19 billion, and it will cost more in future years.

ObamaCare did not bend the cost curve down as it was promised; it just pushed the issue down the road.

Republicans are committed to getting the doc fix done and finding a permanent solution; but Medicare is running out of money, and these fixes are getting more expensive. It's time to repeal ObamaCare and replace it with reforms that truly strengthen Medicare for years to come.